January 9, 2009

SAMPLE

Dear Illinois Resident:

Our records indicate that the Illinois State Treasurer's Office is currently holding cash or other assets that may belong to you. Under state law, this so-called "unclaimed property" is turned over to the state after remaining dormant for at least five years. It is the State Treasurer's responsibility to reunite unclaimed property with its rightful owners or heirs.

Unclaimed property can include inactive bank accounts, securities, insurance refunds, uncashed payroll checks or items left in safe deposit boxes. Many times these assets are lost or abandoned due to a move, death in the family or other life change.

Please follow the instructions on the enclosed claim form. At the top of this form, you can see an amount or description of assets held in your name. To receive your unclaimed property, you must:

- Complete the form
- Include a photocopy of a valid photo identification and proof of your Social Security number (e.g. copy of your Social Security card, 1099 or W-2)
- Return the documentation to the Treasurer's Office

Please ensure that all steps are completed. There is no fee associated with the safekeeping or return of these assets. If you have questions or want to learn more about unclaimed property, visit **www.treasurer.il.gov** and click on the Cash Dash link or call **(217) 785-6998**.

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DAN RUTHERFORD Illinois State Treasurer



CLAIM FORM

	Prope	erty Descripti	on		
Property ID *SAMPLE*	Name Reported		ss Reported		
	Individua	1 Submitting	Claim		
		irst Name		Middle Initial	
Current Mailing Address	City		State	Zip Code	
Daytime Telephone Number	Soc	Social Security Number/FEIN			
I am the owner of the proper Guardian or other representa Executor or administrator for	tive of the owner the owner	Heir where the Power of Atte	orney	no probate	
Clear copy of column claimant	locumentation sho	owing the Socia	al Security	y number of the	
	payment of this claim,	said claimant will in		alid and just, that all statements herein I hold harmless the State of Illinois, its	
Claimant swears and affirms that to best of their knowledge.	hey are the proper claim	nant in the foregoing	claim and th	at the above statements are true to the	
SUBSCRIBED AND SWORN TO BEFORE ME BY(Claimant(s))			SIGNATURE OF CLAIMANT(S): X		
THIS DAY OF	, 20	X			
Signature of Notary Public	County / State		Mail com	pleted form to:	
My Commission Expires:		_	Illinois S Unclaim	State Treasurer's Office ed Property Division 19495	
Notary Seal:			P.O. Box 19495 Springfield, IL 62794-9495		